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PATHOGENESIS.

The Pathological Anatomy and Pathogenesis of Disseminated Chronic Pneumonia, and of Pulmonary Tubercles. By H. LEBERT, *Professor of Clinical Medicine of the University of Breslau.*

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(*Continued from p.* 597.)

2nd. Pathogeneses of chronic disseminated pneumonia and of tuberculosis.

In casting a rapid glance over the historical development of the doctrines of tuberculosis, we find, up to the beginning of this century, an extreme confusion of ideas, and the term phthisis, which, until to-day has preserved its parasitic existence in science, was applied to the most diverse pulmonary affections.

Bayle and Laennec first associated all the alterations of the pulmonary tissue, in regarding them as originating from tubercles, and from their different phases of development. They thus introduced into science, for more than half a century, this strange confusion, prevailing even now among many pathologists, which associates in the same morbid entity pneu-

monic foci and true tubercles. From this epoch Broussais defended, with energy, a totally opposite doctrine. According to him these alterations are only inflammatory, and originate from the pulmonary capillaries, and principally from the lymphatics; but his descriptions were so inexact that his general views of inflammation, stamped as they were with the impress of genius, could rally around him but a small faction, although reckoning in this number some men of true talent.

Louis described the anatomical alterations and symptoms of pulmonary phthisis with such exactness that, whatever may be the changes of doctrine, his descriptions remain, and will ever remain, true. He takes, also, for point of departure, the tuberculous unity of Laennec. Cruveilhier and Bouillaud maintain, on their side, the inflammatory nature of all these affections, and Andral approximates nearly to them. The authors whom we have just cited base their doctrines upon a thorough knowledge of morbid anatomy; however, in spite of their high authority, the doctrine of tuberculous unity controls the schools. As to the structure of tubercle, some believe it amorphous, others consider it to be formed of inspissated pus. I have already stated that I have demonstrated, since 1844, whatever was erroneous in these two opinions, in reference to true tubercle, but during a long time I myself confounded with tubercle inflammatory products originating from connective issues, or from epithelium, whilst recognizing thoroughly the frequent combination of tubercle with phlegmasia. In 1850 Reinhardt revived the exclusive inflammatory doctrines, and endeavored to base it upon carefully made anatomical and microscopical studies; but two years later Virchow sought to rectify whatever was exaggerated in this method of examination, and separated true tubercle from chronic pneumonia, an opinion which he maintains still in his excellent work upon tumors, designating chronic pneumonia as scrofulous, and tubercle as lymphoid neoplasma.

Villemin, in an excellent treatise upon tubercle, supports the doctrines of Virchow by new investigations, exact and well made, and in 1865, he conceived the happy idea of

inoculating and transmitting tubercle from men to animals, believing that to be able to re-establish the specific nature of tubercle, after histology had been compelled to abandon it.

Distinguished observers, such as L. Meyer, E. Wagner, O. Weber, Colberg, among the Germans; Martel, Vulpian, Hérard and Cornil, etc., among the French, adopted, with slight modification, nearly these views. Already, previously, Robin had insisted upon the connective element of tubercle, and had thus precluded the demonstration of the formation of tubercle, by proliferation of cells of the connective tissue. If the French authors have followed the impulse given in Germany, and especially by Virchow, they have, in their turn, been the first to draw a clinical advantage from these anatomical doctrines. It is thus that Hirtz, Chatain, Coursiers, Feltz, and others, have sought to establish the differential diagnosis between chronic pneumonia and pulmonary tubercles.

It is in this sense, also, that Niemeyer (of Tübingen) has asserted himself in a series of lectures, full of interest, and very well written, published, in the course of the last winter, in the *Weekly Clinical Journal*, of Berlin. On the other hand, Hérard and Cornil return rather to the old unity (theory) of Laennec, whilst describing very well the different forms of these diseases. They insist upon the intimate relations which unite chronic pneumonia and tubercles, attributing to these latter the principal part. They are right in this regard, that the characters of the differential diagnosis indicated up to this time, have not by any means all the value which has been attributed to them. Moreover, let us not prejudge, in this relation, the future of science, which is actually in process of transformation. The opinion at which I have arrived up to this time, and which I shall endeavor to justify elsewhere, and in a manner as complete as possible, is that in the chronic pulmonary maladies, reputed tuberculous, disseminated pneumonia predominates in such a manner that almost all that has been said of chronic phthisis is applicable to it, especially when one considers the changes which are effected therein when true tubercles are superadded thereto.

On the other hand, all that has been written concerning acute phthisis, applies essentially and by preference to acute and sub-acute pulmonary tuberculization, whether primitive or consecutive.

Before proceeding further, I desire to formulate into certain aphorisms, the pathogenetic results to which my investigations have thus far conducted me:

1st. Disseminated chronic pneumonia preponderates in the field, formerly so extended, of chronic pulmonary tuberculization.

2nd. I find no sufficient reasons for designating disseminated chronic pneumonia as scrofulous.

3rd. True tubercle offers, indeed, some characteristics of a product of new formation: however, its structure is so analogous to an inflammatory non-purulent cellular proliferation, that the doubtful question between its neo-plastic or inflammatory nature, inclines, in my opinion, strongly in favor of the inflammatory nature even of true tubercle.

4th. Tubercle is much more frequently the consequence, probably even the product of disseminated chronic pneumonia, than its cause. It is even probable that tuberculous granulation is frequently only an inflammatory metastasis, originating from inflection resulting from the inflammatory product of chronic pneumonia.

5th. This tuberculous granulation, probably inflammatory, in an anatomical point of view, constitutes, however, as a morbid element, a special affection different from simple inflammation.

6th. True tubercle is transmissible, from men to animals, by inoculation, or subcutaneous injection; but further investigation is necessary in order to know if tubercle alone is capable of determining multiple and inflammatory foci, which indeed have a great analogy with the tubercle of man, from which they take their origin. In expressing this doubt I base it upon experiments not yet concluded which I shall finish hereafter.

7th. True primitive tubercle is much more rare in the lungs

than primitive disseminated chronic pneumonia; however, it predominates in afflictions of this sort of acute or subacute progress, and accelerates that of chronic pneumonia, when it is superadded thereto in its course.

8th. The very frequent coincidence of tuberculous, and especially old, inflammatory foci, with an acute tuberculization, speaks in favor of the hypothesis of the frequent metastatic and infectious nature of tubercle in its relation to inflammation, or to old tuberculization.

It is impossible to doubt the frequency of foci of chronic disseminated pneumonia, whose extreme frequency has been determined in the fact that it is called chronic tuberculization.

They have no specific characteristics, and if they occur in a constitution otherwise good, they may be cured, but to become subsequently points of departure of new pneumonic foci, or of acute tubercles.

Foci scattered and minute constitute frequently the form which is observed in strong and well constituted individuals. Nor is it less frequent that individuals, of previously feeble health, having become strong and well nourished subsequently, exhibit old relics of these diseases in the lungs and in the lymphatic glands. Whenever, in these cases, there may supervene a debilitating and prolonged disease, a chronic suppuration, a purulent pleurisy, a severe syphilitic infection, a prolonged dyspepsia, an obstinate diarrhœa, mental depression or protracted cases, these germs, slumbering, as it were, may awaken anew and originate serious and even fatal disease, either subacute tuberculization or chronic pneumonia.

As a general proposition, this last is most frequently connected with debility, either primitive or acquired, long and exhausting diseases. The hereditary proclivity so frequent amongst the sick, is probably based upon congenital weakness of the pulmonary tissue, and at an early period among such, one is struck by the chest, flat and narrow, especially in its superior strait, to which deformity rachitism does not appropriately predispose it. These disseminated foci once established exhibit a slow progress, the inflammatory products

undergo a species of cellular death, with a dry, yellow, shriveled condition, or a destructive disintegration with an invasion of ulcerative molecular necrosis.

There results from these deposits, in addition to respiratory embarrassment and cough, a low fever, as well as progressive diminution of strength and rotundity. Inhalation of irritating mechanical particles is much more immediately injurious with this primitive morbid disposition than with a vigorous constitution; nevertheless, the pulmonary tissue having been once debilitated by prolonged catarrh, these injurious particles reach the air cells and penetrate therein, and it is then that their injurious effects are manifested more and more. Let us call to mind anew at this point, that disseminated chronic pneumonia, whether hereditary or acquired, or of mechanical origin, may attack as well the interstitial and peribronchial cellular tissue, as the air cells, which fact induces me to consider the expression chronic catarrhal pneumonia more correct than epithelial. I have already stated that I no longer admit the term scrofulous pneumonia, and I will also add that the chronic inflammations of infancy which simultaneously or successively have their location in the skin, in the subcutaneous cellular tissue, in the organs of the senses, upon the mucous membranes, in the periosteum, the bones, the articulations, with products as well plastic as suppurative or destructive, can not in my opinion be identical either with true glandular tubercles, or with the infiltration with tuberculous appearance of the superficial lymphatic glands. Nor do I any longer admit that lymph of bad quality can be the ordinary cause of these glandular alterations, since I have very frequently seen them exist without traces of anterior or concomitant irritation in the head, the body, or the organs of sense. Moreover, in the immense majority of cases of chronic disseminated pneumonia, I have observed, especially in the adult, this superficial infiltration or glandular tuberculization had not existed previously to, and did not co-exist with the pneumonia foci. Nothing, therefore, appears to authorize me to regard or even to call scrofulous these chronic foci of

pneumonia. However, I should go too far to deny the possibility of their coincidence, of their etiological influence in a certain number of cases. It is not only against the exaggeration, the generalization of this fact, that I protest. I would not even desire to designate dyscrasia as the cause of these chronic pulmonary phlegmasiæ, especially if the term dyscrasia implies a bad quality of blood. This is the most changeable fluid of the economy; ever renewed, ever transformed, it is essentially transitory in its nature, and consequently one can not admit the prolonged residence, latent during years, of an hereditary morbid germ in this fluid.

We have already endeavored to demonstrate that true tubercle could indeed originate spontaneously, but that it was so often consecutive to anterior pneumonic foci, that involuntarily we came to regard it as their secondary infectious and metastatic product.

This opinion is not new. Dittrick* had already asserted that the tuberculous dyscrasia commenced with the arrival in the blood of the products of decomposition, especially inflammatory, in process of retrograde metamorphosis. Virchow adds, in referring to this mode of consideration, that in fact, after prolonged local diseases, and in the protracted phases of phlegmasiæ of slow resolution, tuberculosis may appear rapidly. Bahl† finally maintains the same mode of viewing the fact that necrosed particles of tissue may be transformed into tuberculous matter, and provoke, by absorption, miliary tuberculization.

We here arrive at an important point, but still disputed, the question of the specificity of tubercle. It is known that its structure does not imply it, and its partizans had become few, when the investigations of Villemin imparted to it a new impetus. In twenty-four experiments he has succeeded twenty-two times in rendering animals tuberculous. Amongst the first, I have repeated his experiments and have confirmed them; the same is true of Hirard and Cornil, who added two

* Virchow, Krankraft Geschwaelstez, Vol. II. p. 631.

† Zeitschroft für rationelle medicin, 1857, Newa Folge, Band. VII.

failures with chronic pneumonia. A year and a half ago, I made, with Dr. Wyss, numerous experiments upon this subject by inoculating, beside tubercle, every other species of morbid products, and by provoking, in other experiments, various irritations of the pulmonary tissue. I will not anticipate the results of these experiments which are not yet completed; but at the outset the successful inoculation of tubercle appeared to me to testify in favor of its specificity. New doubts have occurred to me since I have subsequently seen that lymphatic glands infiltrated with a thick tuberculiform matter, which Virchow and Villemin regard as of inflammatory origin, have equally produced, by inoculation, semi-transparent miliary tubercles. On the other hand, we have likewise seen granulations of tuberculous appearance originate by inoculation of all other substances than tubercle. Moreover, the structure of these products of inoculation had as much the character of a proliferation of the cells of connective tissue, as of those of epithelium, and in addition, accompanying the semi-transparent granular tubercle, we have established, in consequence of the inoculation, a yellowish hyperplastic infiltration diffused through many of the lymphatic glands, and in one case, in the the liver of a rabbit; besides tuberculous granulations, a diffuse hyperplasia of the interstitial connective tissue, such as is observed in incipient cirrhosis.

Hence there arises a double question, to my mind doutbful: that of the speciality of tubercle, and that of its inflammatory nature, which, after all my observations, appears to me probable. A fact which sustains this, is that sometimes in the midst of chronic pneumonia of interstitial and connective tissue, we meet with little grayish granulations, which are nothing else than a proliferation more dense and more circumscribed of the cells of the connective tissue in the midst of a diffuse hyperplasia. Indeed these same granulations entirely isolated, could not be distinguished, under the microscope, from true tubercle.

Observations which could be made upon serous membranes,

especially upon the pleura and peritoneum, which Wagner has confirmed in case of the liver, and which Dr. Ebstein, according to an oral communication, in that of tubercular granulations of the heart, demonstrate around minute tubercles numerous very small foci, altogether microscopic of cells of connective tissue in process of multiplication. Now, these little hyperplastic foci resemble greatly those which are provoked in the cornea when its center, removed from all blood vessels, is irritated; nevertheless, one is compelled to admit this process occurring in the cornea to be inflammatory.

I have already suggested the resemblance which exists between the tuberculous granulation and that incipient not yet suppurative, of glanders, as well as with that of syphilitic gummata. It is exactly the gummy tissue which, as well as the tubercle, exhibits all the phases between the irritative process in the connective tissue, and the little tumor, apparently of new formation. I figured, some years ago, gummy tumors of the skin, of the heart, of the uterus, and of the ovaries, amongst which those of the skin exhibited the diffuse aspect and the microscopic elements of the inflammatory process, whilst the gummata of the heart and of the internal genital organs had the dull yellow aspect, and the same little shriveled cell apparent in the yellow tubercle in process of cell-necrosis, and exhibited the limitation of the tumors. When gummy tumors have been seen a certain number of times, it is easy to determine what Virchow has so well described, that there exists around some of these gummata a purely inflammatory cortical layer, vascular, composed of young connective cells, whilst towards the interior is found an infiltration of a dull yellow, tending toward disintegration, and the facility with which suppuration is established in these tumors is well known.

A fact which militates in favor of the inflammatory nature of gummata, is, that I have encountered in the muscles and in the brain, gummy infiltrations, altogether diffused, not presenting in any manner the sharply defined limits of tumors. The analogy of tubercle with inflammatory products finds

again support in the essentially transitory character, and in the tendency to disintegration, to cellular death of true tubercle. Since even when large collections of granulations form considerable masses, as in the brain, for example, there is perceptible alongside of the irritative and hyperplastic process on the surface of the disintegrating mass, softening, fatty alteration, in proportion as they advance from the center or approach older tubercles.

Does the probably inflammatory nature of tubercle exclude it from the possession of special, not to say specific characteristics? I think not; for many infectious or contagious maladies, such as blennorrhagia, urethritis, syphilis, glanders, the small pox virus, are evidently inflammatory as regards the local disease, and yet contain an inoculable principle. It should be distinctly understood that from debilitating etiological elements a certain weakness of structure gives origin to a local irritative hyperplastic process, and consequently, those who fear new doctrines who might be designated *neophobes*, may be re-assured about the treatment of these diseases, when the limits of the inflammations extend themselves, and when the inflammatory character of all that which is to-day designated acute or chronic tubercle is established. Let those equally who behind these doctrines see the spectre of vampirism, re-assure themselves also. An irritable condition which so frequently originates from debility of the tissues or of the entire body, could only under exceptional circumstances justify antiphlogistic treatment. But on the one hand, the clearest appreciation of these morbid products, and of their locally irritable nature would have this good result, to put a curb upon the abuse of exciting methods of treatment, and of a too abundant and too analeptic regimen in diseases in which the perfect condition of the general nutrition should preoccupy the practitioner, but without leading him into exaggeration. I would add, finally, that the more carefully the nature of these pulmonary diseases shall be studied, the earlier will they be recognized, and more truly rational and salutary will their medical treatment become.

ELIXIRS OF CALISAYA AND CALISAYA AND IRON.

BY X. TONER, M.D., ALBANY, NEW YORK.

THE Cinchonia barks are obtained from trees, or tall shrubs, which are found only in South America, in the higher regions of the Andes. The Cinchonas belong to the natural order *Cinchonaceæ* and to *Pentandria Monogynia* of Linnæus. Their virtues are reported to have been discovered by the Indians, about the year 1500. The story is, that an Indian, while sick of the fever, drank of the waters of a lake in Peru, and soon recovered; and that subsequently so many were cured by the same means when afflicted similarly, that the water came to be regarded in the light of a fever panacea. On investigation, it was found the water owed its healing powers to the bark of these trees, which had been torn up in great abundance by an earthquake, and fallen into it.

Various appellations, from time to time, have been assigned to the Cinchona tribe, in honor of the individuals who introduced it into their respective countries, or sold it as a secret nostrum. Introduced into Europe by the Jesuits it was called *Jesuits' Bark, or Powder;* brought to Rome by a Cardinal, after him it received the epithet *Cardinal del Lugo's Powder;* while in France it might have been heard of as *Talbor's Powders* and *English Remedy*, on account of its eminently successful employment as a nostrum in the hands of Sir Robert Talbor. But the systematic designation Cinchona was applied to the genus of trees producing it by Linnæus, in 1742, in honor of the Spanish Viceroy's lady, the Countess de Chinchon, who was cured of fever by it in Lima, about 1638. She was among the first to test its febrifuge virtues.

The officinal Peruvian barks are *Cinchona flava*, *Cinchona palladi*, and *Cinchona rubra.* Their proximate principles or constituents are numerous, but the most important are *quinia*, *cinchonia*, *quinoidia*, and *quinidia*, which exist in combination with kinic and red cincho-tanic acids.

The yellow bark is very bitter, almost free from astringency, and is comparatively rich in quinia. According to analysis (Waring), one hundred grains of the crude material should yield not less than two grains of this alkaloid. The chief active principle of the pale bark is cinchonine. Two hundred grains should yield not less than two grains of alkaloids. The red bark possesses quinine and cinchonine in about equal proportions; one hundred grains should yield not less than two grains of alkaloids.

All the varieties possess tonic, astringent, and antiperiodic properties, and are of all medicines of their class, the most powerful and uniform in their action. Their medicinal utility depends upon the proportion in which the alkaloids are present in them. As the calisaya cinchona contains the greatest quantity of quinia, and the least amount of the astringent principle, this species receives the most favor with physicians as an antiperiodic and tonic.

The action or mode of action of the calisaya is similar to the action on the animal system of either of the other varieties, whether in its tonic, antiperiodic or sedative action. Its action upon the nervous system is often evinced by a sense of tension, of fullness, or slight pain in the head, or singing in the head, which are always experienced by many individuals, when brought completely under its influence. In the system generally it acts in some way which we don't fully understand, correcting those influences which are probably at work during the respective stages of intermission. In the stomach, the bark excites in a short time warmth in the epigastrium, which in some becomes communicated to the neighboring parts.

Though possessing a three-fold power, bark owes its world-wide reputation to its antiperiodic property; yet it is not employed in the "intermittents" alone. It may be used with benefit in all morbid conditions of the system, whatever may be the peculiar modifications, in which a permanent corroborant effect is desirable, provided the stomach be in a proper state for its reception.

The physician, contending as he frequently has to do, in the peculiar class of cases to which this drug adapts itself, with

stomachs easily revolted by the grosser and bulkier medicines, meets with insurmountable objections in the crude material; objections, too, which have thrown many a valuable instrument to combat disease into disuse, practically. 1st. The bark is intensely bitter. This property renders it, *per se*, obnoxious to most patients. 2nd. The dose required to be given in order to produce the desired effect is *enormous*, giving rise, sometimes, to painful and intractable disturbances of the digestive apparatus. As a tonic, the advised dose is from *thirty* to *sixty* grains; as an antiperiodic, the quantity, necessary to prevent the return of the paroxysms, varies from *one* to *eight* drachms, according to whether the attack is simple or pernicious, whether the patient is treated in or at a distance from a miasmatic locality.

These objections have led the profession, through Pharmaceutists, to reduce it to a concentrated and palatable remedy, which comes to us from the manipulations and processes of the laboratory in the form of an elixir. The *Elixir of Calisaya*, as prepared by Tilden & Co., Pharmaceutists, New Lebanon, N. Y., is certainly an elegant medicine, a tonic of paramount excellence. So far as our observation extends, it has the confidence of the profession, and deservedly so. In all the diseases and complaints in which the crude calisaya is beneficial, the elixir proves an agreeable tonic, invigorating the system, improving the appetite, and restoring strength to the weak and debilitated. In low or typhoid forms of disease, in which no inflammation exists, or that which does exist has been moderated by proper remedies, or passed into the suppurative stage, this drug is often of the greatest advantage in supporting the system till the morbid action ceases. Hence its use in the latter stages of typhus gravior, in malignant scarlatina, measles, small-pox; in carbuncles and gangrenous erysipelas, and in all cases in which the system is exhausted under large purulent discharges, and the tendency of the affection is toward recovery. As a tonic there is hardly a disease or complaint connected with debility in which this elixir may not be employed with advantage. No better tonic

is recommended in scrofula, dropsy, in obstinate cutaneous affections, chorea, and certain forms of dyspepsia — invigorating the system, improving the appetite, and restoring strength to the weak and debilitated. The strength of the preparation made by Tilden & Co., contains forty grains of the bark to the ounce. Were we called upon to recommend a vegetable tonic, we should unhesitatingly commend to all physicians the *Elixir of Calisaya* prepared by the above named pharmaceutists. We have used it in our own practice with uniformly gratifying results, having never known it to disappoint.

The *Elixir of Calisaya* and *Iron* is another eminently excellent tonic. It is prepared by the same house, and contains in every fluid ounce thirty grains of calisaya and twelve grains of iron. The iron which enters into this preparation is the hypophosphate, acceptable to the most delicate stomach, easily assimilated, and has no tendency to pervert the intestinal secretions, whtch is the result of most chalybeates. It is particularly beneficial in nearly every case of debility partaking of the anæmic condition, in leucocythemia when there is a deficiency of hæmatine in the blood corpuscles. In many cases of defective osseous formation and nervous degeneration, no more available adjuvant has been suggested.

Words seem too tame to adequately portray the advantages these two valuable preparations possess over the crude materials. We are confident when once the physician uses these elixirs, he will never think his medical Armentarium complete without them.

A CASE OF APOPLEXY.

BY CURTIS T. FENN, M.D., CHICAGO.

THE following is the history of a case of apoplexy which I witnessed from the moment of attack. The subject, aged sixty-one years, was a native and resident of Vermont, once a man of apparently good constitution, thick set, rather

fleshy, a farmer, married, without children, of laborious habits, a hearty eater, given to the habitual use, though not abuse, of hard cider. Apprehension that his health was failing, induced him to resign all care two years ago. The pursuits of a large farm had never satisfied him; but at this time he grew quite restless. He acquired a belief that his heart was diseased, and that he might die suddenly. This increased his unhappiness. Feeling the need of more cheerful surroundings, he went abroad, but returned in a few months more than ever depressed. He experienced fatigue on slight exertion; his pulse was uniformly too rapid; and his heart's action often tumultuous; his breathing was short; his lungs inclined to fill up. He had no pain; he thought his mind as comprehensive and clear as ever; his vision and hearing were good; he invariably slept well — too well he thought; his appetite remained excellent; his bowels regular. He was annoyed by thirst, desiring to drink immoderately of water, but from this he refrained; his urine was of proper quantity and color; he perspired easily; his extremities were apt to become cold; his face was sometimes flushed, and at other times pale; occasionally he took opium in small quantity, which made him "feel *stronger* and *happier — it relieved his heart.*"

I learned these facts from him about noon, June 9, 1868. At the same time the area of the heart's dullness was ascertained to be greatest in its transverse direction; the apex beat feebly, and felt over two or three intercostal spaces, extending to the left of its normal place; the pulse was rapid, soft, and full, 108 per minute; half an hour later it had fallen to 101; the sounds of the heart were indistinct and short, seeming to unite in the first sound, which had the character of the second; respiration was occasionally sighing; his chest was full and resonant; râles were present throughout, and coughing was accompanied by expectoration of clear, frothy mucus; his tongue was coated with a thick, yellowish, pasty fur; gums spongy, and encroached upon by tartar, in spots;

abdomen large, having, numerous dilated vernicles upon the surface; skin soft and moist; eye natural; top of head bald.

He was a little excited during the examination, and said that it affected him, but at the close he appeared cheerful, and proposed exercise — said he had walked four miles the day before, and felt the better for it. He asked what I thought of the probability of apoplexy in his case, dwelling upon instances of death from that disease, which he had known. His mother died of it, with general paralysis, at seventy; his youngest brother had something like it at forty. I endeavored to turn his thoughts upon pleasanter themes. The day was hot and sultry. We took our course along a new portion of the city, and having gone, perhaps, three miles, with occasional intervals of rest, were returning home. I thought he seemed in a hurry, disposed to silence, less observant. After a time he asked if we were almost there. In answer to the inquiry if he felt tired, he said his *left* leg was numb. I suggested that he sit down. He said no, and continued his step. His breathing was excited, and his face pale. A little further on he paused and held up his right foot, flexing and extending it, and then stepping, as if to be assured of its integrity; he said it was a strange sensation which he felt; he had never experienced any thing like that before. I urged him to stop. He resumed his walk, making little exclamations of surprise. I supported his left arm. He seemed determined on walking faster, but soon began stubbing his right foot at every step, inclined to fall forward. His right knee presently bent beneath the weight of his body, and gradually refused to bear him. Still he hobbled, dragging the leg. I could no longer prevent his falling; he reeled toward the right, and sank down upon the plank sidewalk. I placed him sitting while he endeavored to remove his right boot, using his left foot and hand — his right arm hung loosely by his side. I suggested rubbing his leg, telling him not to be frightened. He said nothing, but looked vacantly along the street. I asked him why he complained of his left leg's being numb, when it was his right. He did not know that he said

left His pulse was regular, full, soft, not so rapid as when observed before. Perspiration fell from his face. When asked if he felt better, he said he guessed so.

A gentleman passing kindly assisted to get him into his carriage, and in a few minutes we lifted him to the residence whence he had walked so confidently a couple of hours before. His face was sunken and haggard, but in no way distorted; his right side was powerless, and deprived of sensation. His mind did not appear bright, though he articulated correctly. When laid upon a lounge he yawned repeatedly, and asked with non-concern if it was a good time for him to sleep, saying that he felt sleepy. The pupils were unaffected. He uttered one other articulate expression and immediately went to sleep. His pulse was regular, full, soft, 100 per minute; respiration irregular; extremities cool. He was easily roused, answering to the point, but sank into more and more profound slumber. He evacuated urine incontinently, while asking for assistance. He was put to bed in a cool room, his head slightly raised and ice applied. He had eaten less than usual that morning, and tasted no food since. A saline laxative was given, and hot bottles applied to his feet.

Dr. Bevan came to my assistance five hours after the attack. Coma was then complete. His pulse had fallen to 90, regular, soft, full. Respiration irregular, through the open mouth, stertorous; pupil contracted. It was ordered that a grain of *Calomel* be given every four hours till his bowels should move freely, and sinapisms applied to his feet and legs. Not much change appeared through the night; the pulse remained at about 92, soft and full; respiration irregular, 11 to 16 per minute. After a full breath there followed respirations slower and less complete successively, till they ceased altogether for an interval of fifteen seconds, to be renewed by a full long drawn breath, accompanied by stertor.

Second day. Face flushed, surface of body hot; pulse 109, rather harder; respiration as before, pupil contracted; breath fœtid. P. M. Increasing consciousness. Night pulse 116, steady, improved consciousness; whenever roused he contin-

ued to yawn, remained awake a few minutes, then fell again into deep sleep; took three cups of oatmeal gruel through the day, swallowing without difficulty; no paralysis of any part of face visible; a spasmodic movement of the right knee observed while he was asleep; urine voided involuntarily; tested, it gave strong acid reaction and considerable quantity of albumen.

Third day. Pulse 96; respiration regular; continued through open mouth; consciousness further improved; when awake answered questions correctly, with some obstruction; left angle of mouth slightly elevated; tongue protruded straight; pupils nearly normal; right eye watery, the lid not closing perfectly; inclined to lie upon his back or right side. A half ounce of *Sulphate of Magnesia* induced a copious evacuation of the bowels. The *Bromide of Potassium* was commenced in 20 grain doses, to be given every four hours, and beef tea through the day. Noon: Pulse 118. He grew more and more feverish and restless till night; occasionally muttering delirium. The *Tincture of Digitalis* was given in fifteen drop doses. 9 P.M.: The skin was hot and dry. A Dover's powder of ten grains was succeeded by quietude during the night.

Fourth day. Pulse 90; respiration regular; face pale; he tried to get up, evincing no surprise that he could not; asked where we were; when moved in bed complained; right thumb and fingers slightly drawn into the palm. P.M.: Pulse 124, harder; increased heat, perspiration and lividity; respiration accompanied by tracheal râles which did not excite coughing. *Digitalis* and *ice* continued without diminution of excitement. Night passed restlessly; bathed in perspiration.

Fifth day. Pulse 108, weak; respiration 24; expectoration streaked with blood, thick, fœtid. He appears quite animated, asked for friends and tried to leave his bed; right cheek flaccid and opposite angle of mouth more drawn up; had an incontinent movement of the bowels; there appeared a bright red spot, two or three lines in diameter, within the right conjunctiva; tongue dry and dark. P.M.: Pulse 144; restlessness and

perspiration not less than day before. Wine was given every four hours. Night: Pulse intermittent, losing one or two beats a minute. A sixth of a grain of *Sulphate of morphia* was given at bed time; sound sleep followed.

Sixth day. Weaker than ever; rational; pulse 104, regular; perspiring freely. Noon: Pulse 118; 1 P.M., pulse 126; 2.30 P.M., pulse 132; 6 P.M., pulse 140; 7 P.M., pulse 144; deglutition difficult through the day. Little food or medicine administered.

Seventh day. Pulse 122; very drowsy; prostration marked; perspiration continuing. P.M.: Breathing labored; face constantly livid. Night: Pulse 152; respiration 50; comatose; pupil again contracted to size of a pin's head; tongue dry and brown; slight tympanitis; skin bathed in perspiration, relaxed, pale.

Eighth day. 3 A.M.: Profound coma; pulse 153; respiration 54; laryngeal râles. At 9 A.M. he died.

It is to be observed that there were no premonitory symptoms. The onset was sudden, the progress gradual. There was at first numbness, weakness, and slight confusion of ideas; then paralysis, anæsthesia and stupor; lastly insensibility. The first interval was perhaps five minutes, during which he continued on his feet; twenty minutes later he began to sleep; in five hours he was deeply comatose.

Amelioration of symptoms was present every morning, and, after the second day, increased excitement every evening — frequent pulse, passive congestion of head and face, heat of skin, perspiration, restlessness and muttering. Next morning ensued tranquility and improved consciousness, but with them came extended paralysis. These exacerbations were more marked each day, the reactions being less and less satisfactory; on the seventh day there was a return of the worst apoplectic symptoms, ending in exhaustion and death.

Hæmorrhage to considerable extent within the left hemisphere was no doubt the exciting cause. Mental agitation, heat and exercise, may have determined it; but back of all existed

disease. An autopsy was impracticable. We must rely upon the antecedent history to reveal the primary affection.

There had been marked debility for two years at least, induced amid external conditions the most favorable to healthy nutrition. Materials were prepared in abundance. There must have been, therefore, a defect presiding over the formative cell changes; and, necessarily then, degeneration. The tissues became relaxed, softened, fatty; hence the muscular debility, disease of the kidneys, enlargement of the heart, and fragility of the capillaries; hence the apoplexy.

This defect of nerve force arose from a central lesion perpetuating itself. He had always allowed himself to be neglectful of important matters of business, and careless of every thing around him, a trait dependent on inability to keep his mind on one subject very long at a time. Respected by all for his good deeds and sound judgment, he was disposed to melancholy and difficult to entertain. After a life of extreme moderation in the employment of the generative function, its power wholly ceased four years ago. From that time all his mental peculiarities grew more striking. These facts, gathered after the death, confirm us in the belief that organic disease of the brain had existed long.

Finally, this local manifestion of some morbid condition may have been congenital. One cousin by the mother's side died insane; another is an imbecile. Considering also the circum stances of the mother's death, we are urged to believe that the original departure affected the constitution from birth, was indeed impressed upon the germ at conception.

Thus we have endeavored to sketch the natural history and progress of one form of apoplexy. Of course no treatment which does not look to the support of the patient, either before or after the accident of the hæmorrhage, can be of any avail.

234 THIRTY-FIRST STREET, *September 10th*, 1868.

FLUID EXTRACTS.

MR. EDITOR: A short time since there appeared in your columns, an article on the subject of "Fluid Extracts," signed H. D. Garrison. As reference was made several times to my process, and more particularly as said process was not in one instance correctly stated, allow me to disabuse the minds of your readers of the false impressions his article may have conveyed.

Mr. Garrison says: "The extracts to which you refer ('Duffields') are patented, which, as before remarked, effectually patents the entire list." This view of the case, though worthy of serious consideration, is not the chief point to which I wish to direct special attention. Dr. Duffield's process *I believe consists essentially in producing a vacuum in his percolation and in his receiving vessel*, and then allowing the menstruum to flow in upon the drug, where he gets a pressure upon *his percolating menstruum* of nearly fifteen pounds to the square inch. *This rapidly filtering a liquid* through a drug, if not new, as some broadly intimate, is certainly expeditious, which I believe is its chief merit. That it avoids heat (whether judiciously or not) is *the best offered the profession.*"

The *italicizing* is mine, Mr. Editor.

Without entering into particulars, however much excused I might be, in the face of Mr. G.'s false assertions, allow me to take up the subject and prove two points:

1st. Mr. G. has not comprehended the process which he so virulently attacks, attributing, as he does, to its author "profound ignorance" or "unworthy motives," and,

2nd. I have not violated the principles of the United States Pharmacopœia.

Before "percolation" was adopted into the processes of the U. S. P., the plan of *maceration* was solely used, and in the edition prior to the one of 1866, (1858) while suggesting a *trial*

of percolation and giving both methods, it advised beginners and not thoroughly educated pharmaceutists, to hold preferably to maceration. I agree with Mr. Garrison that percolation when *rightly conducted*, will produce fluid extracts which contain the active principles perfectly preserved. The Pharmacopœia is the "hand-book" of the practical pharmaceutist, but can not be followed *verbatim* by the large manufacturer.

Mr. Garrison contends that "Dr. Duffield says his process removes the air and allows the alcohol to permeate the drug more perfectly." He attacks the process as *one of percolation*, because I made use of the word "permeate." Any one of your readers will understand the differences.

Mr. G. also contends that a vacuum *produces decomposition* of volatile bodies, *i. e.*, "alkaloids, ethers, oils, etc." Should these conclusions be proven correct, (which I claim can not be, unless chemical principles and affinities are upset completely), he will be individualized as the foremost in the rank of original investigators in this realm of organic chemistry. I admit an ether can be volatilized in vacuo, but I deny it is *decomposed* by simple heat in vacuo. Mr. Garrison has confounded *evaporation* and *distillation* with *decomposition*. Mr. Star, the famous toxicologist, recommends the use of a vacuum in evaporating ether from solutions of the alkaloids separated in analyzing the viscera, etc. Mr. Boudault prepares his famous "pepsin" in vacuo *to avoid decomposition*. *Sugar* must be made in vacuo to obtain it pure and nice. Mr. Garrison's idea is at direct variance with the views of our most accomplished zoöchemists, such as Liebig, Mulden, Star, Loing, Pasteur, and others. In order to promote decomposition we must have oxygen present, which is impossible in vacuo.

Pasteur's researches have demonstrated that oxygen is the *pabulum* of the vibriones and zoö-germs which promote decompositions. How, then, can decomposition set in in a vacuum which, being empty, can not contain the elements which support the existence of the organic spores which produce decomposition. Take the familiar act of canning fruit, and try and

reconcile Mr. G.'s argument with the practical fact that *you do keep fruit better in a vacuum.*

Mr. Garrison has, in his attempt to prove that a vacuum is a promoter of decomposition, shown himself sadly deficient of the very first principles of organic chemistry, and made himself the laughing stock of every educated chemist. When writing a scientific article, it would be well to use the right terms, and not confound "evaporation" with "decomposition," nor "permeate" with "percolate."

I have studiously avoided attacking the Pharmacopœia processes, knowing that those processes were based upon years of experience. The principles I follow are the same as laid down in that much abused book. It has laid out formulæ based upon one pound of drug, on a scale commensurate with the wants of the dispensing chemist, should he see fit to become his own factor. It tells you to manufacture ether and spirits of nitre in glass retorts; but if I should use a large still made of lead, and operate a little differently to distill 100 pounds per day, I do not consider I have violated the Pharmacopœia, provided I produce the *same article* it requires. The hypercritical eye of Mr. Garrison views it differently. I claim the committee who compiled the U. S. P. had no such idea. They wished simply to have a standard that the pharmacist who makes his own preparations, could follow. It lays down *principles — Principia non formulæ* — and any one violating those principles should be arraigned. I use the same menstruum *macerating in vacuo* as long as I want to, from six to twelve days, as the case may require. It is one thing to percolate two pounds of drug, and another to percolate four hundred pounds. In one case there is hardly any chance of failure, in the other every chance of one.

PROLONGED RETENTION OF LIFE BY INFANTS WHO HAVE NOT BREATHED.

BY JAMES T. NEWMAN, M.D.

AUGUST the 14th, 1868, was called to see a young woman who had recently given birth to a child, the attendants becoming alarmed at the amount of blood the girl was losing. Had not this been the case, in all human probability, the subject of which I am about to relate would never have been presented to your consideration. At half-past twelve on the evening above mentioned, I visited the patient and found her suffering from hæmorrhage. I immediately took a couple of napkins, folded them, making a compress, placing them at the lower part of the abdomen, so as to prevent the womb from filling with blood. The woman recovered; but the interest of this paper does not rest upon some particular method of treatment, but in a very singular phenomenon, and one wholly new to me, but in searching some of the French and German authors, I find that Solomon was right when he said there was nothing new under the sun.

The friends of the girl were doing all in their power to conceal her shame, and had they not despaired of her life, none but the family would ever have known what the matter was. In making this known I feel confident that I am committing no breach of honor. The child under consideration was born at eight in the morning, and was quietly wrapped up in an old blanket and put out of sight. I was told that it was still-born. I do not know why that I requested to see it, but suffice it to say that the child was shown me, and there was something in its face told me that it was not dead; but I said nothing. The next morning I had an occasion to use the stethoscope on an old lady living in the same locality. I called in to see my patient. After finding her doing well, I asked to see the child

and was told that it was in the coffin. I still looked as if I would like to see it, and the mother noticing my countenance, raised the lid. I took the stethoscope and placed it over the region of the heart, and to my great astonishment I could distinctly hear the sound of the heart. I took the child out of the coffin, used Marshal Hall method. In the course of thirty minutes the child commenced breathing; the pulse was natural; it cried, and took the breast eagerly. It is a fine looking boy to-day, and for aught I know, bids fair to live three score and ten years. Since seeing this very remarkable case, there is no doubt in my mind that many children are consigned to the grave without an effort to induce respiration.

ADDITIONAL REMARKS ON AN OBSTETRICAL CASE.

BY W. ANDERSON, M.D., LEROY, ILL.

EDITORS JOURNAL: I do not purpose to go into a review of the lengthy article by Dr. Miller and other subsequent contributors, in regard to my report of "instrumental case of delivery," but as my report was very brief, I wish to simply add a few more statements in order to render the case more comprehensible to the dull understandings of the "sage practitioners" who have condescended to throw so much light on this department of midwifery.

I may now add (which for the sake of brevity I neglected to do at first) that there were three physicians present, all of whom had had extensive experience in obstetrics, and two of whom were graduates, the third being Dr. Leal, of Mt. Pleasant, a young man of a very fine practice and repute. We did not differ as to method of procedure. *Chloroform* was talked of, but there was none present, and it was five miles to town, and a very cold night. I stated that we would not have used *Chloroform* had it been at hand — the child dead or alive. That

remark was inadvertent. We might have tried it had the child been alive, though I think even then it would have been unavailable. But the child was dead, and its use under the circumstances was not necessary, and we all thought unadvisable, as a recent death from anæsthesia in Bloomington had created a great antipathy against its use. The arm had protruded as far as the elbow, was black and pulseless, and all the signs plainly indicated the death of the fœtus. The family physician had been present twelve hours. Why he waited so long is not for me to say. He was not called till quite late in labor, and the hand had been down for two or three days. I believe the child might have been saved at the right time, and it had been dead but a short time when I arrived. I was called in on account of my instruments. The attending physician had been waiting simply for "something to turn up." He is an "irregular," in the highest sense of that term, but the consulting physicians are still willing to bear all the responsibility for all the proceedings after they arrived. I think the above statements are as satisfactory as a long discussion, and require less space. I would not have alluded to the family physician were it likely to hurt his feelings by his ever reading it, and the statements render it unnecessary to reply to the numerous communications on the subject in detail, even if the slang in some of them *did* not place them beneath my notice.

PHILADELPHIA CORRESPONDENCE.

UTERINE DISEASES.

PHILADELPHIA, *September 24th*, 1868.

"THE diseases in question, (uterine,) are those to which females are *most commonly exposed.* * * Inflammation of the neck of the uterus is an *exceedingly common disease.* * * In reality, inflammation is compara-

tively quite as frequent in the uterine system as in other similarly organized organs." Thus writes Bennet; and his assertions are amply vindicated by statistics of the present day. Notice the clinics at our various colleges, and we shall find, if we examine with impartiality, that a very large proportion of females applying for treatment are affected with uterine disease of some character and degree. The prevailing affections — at least so far as our observations, clinical and otherwise, goes — are inflammation and ulcerations. With these, there is, as a necessary accompaniment, more or less hypertrophy. The prevalence of uterine affections in our cities is unprecedented. Indeed some have gone so far as to assert that "three-fifths of our females" are so diseased. If we make an examination, we shall perhaps find slight inflammation — but a faint blush tinging the uterus — or it may be congestion deep and full has set in, or still further ulceration may be decided. With whatever of these degrees or characters of disease the uterus may be attacked, the general train of symptoms is identical. No local symptom will indicate the disease, but that dull and dragging pain in the back and loins, that pain between the shoulders, the indigestion and constipation of the bowels, and the peculiar cephalic symptoms, themselves so diagnostic of uterine affection, all lead us to a positive conclusion that there is disease of the uterus or its appendages. Why *is* this disease so markedly prevalent? What are the causes of uterine disease? The anatomical predisposing cause of all uterine inflammatory diseases, is especially the great vitality and vascularity of the neck, as well as the highly developed mucous membrane lining that cervix. This fact remembered, the *incidental* causes are to a degree manifest. First, should be ranked parturition. Marriage in the United States takes place early in life. The wife is a mother ere she has fairly reached womanhood. The uterus is lashed into excitement early, and metritis results. Again, "*fashionable woman*," ("*stylish*") during her menstrual period, adorns herself for the ball-room, where she revels in dance, heated and fatigued, to gain for herself

dysmenorrhœa, consequent probably upon inflammation of the cervix. Further, this same *personification of the elite* must lace her waist to a span, that *her* form (?) may be remarked upon. From this anteversion or retroversion is the result. Still *another* phase in this *fashionable woman's* life. In order that she may be present at *all* the parties, balls and operas, she mustn't have a *baby* to tie her to her home. "Oh, my, it's not fashionable to have a child!" she says, and if perchance, pregnancy occurs, off she hastes to some murderess or beast, and from her she *buys* an abortion. Inflammation, ulceration, and perhaps even death ends her *fashionable career!* This is no overdrawn picture. It is the *real truth*, but God forbid that *such* style, *such* fashion should prevail among the intelligent women of this country! And what is the natural result of this condition? What evil comes out of it? In my last letter I stated that it "prevented, to an alarming extent, the furtherance of the race." It is true that abortions are a frequent *cause* of uterine affections, but it is as true that they are the *results* of this class of diseases. Sterility is by no means an uncommon complaint among women. It is an abnormal condition of nature. Why is it so common? It is simply because uterine diseases are so prevalent, and no cure is instituted for it. Country practitioners, as a class, give medicines for the symptoms indicative of uterine affections. In additions to the various diseases of the uterus *preventing* pregnancy, they are the constant cause of miscarriage and abortions, thus by two ways fulfilling the same end, namely: arresting the promotion of the race. A case occurred in our clinic a short time ago, which illustrates this point. A woman, thirty-two years old, had had five miscarriages. Rest and inclined posture had no effect in thwarting the abortion. A vaginal examination revealed an ulcer about the os uteri. A few applications of *Argent. nit.* cured the disease, and the woman is now a mother. Another case under my own observation, in which the patient, aged thirty-seven, had had *thirteen* miscarriages. Four applications of *Argent. nit.* healed an abraded surface of cervix, and the

woman is now a mother of two living children, and is five months *enciente*. If such and kindred treatment can cure these cases, is it not well to devote *special* care and time to it? I shall illustrate the subject more fully in my next letter, by giving some interesting cases. Yours, E. R. H.

BOOKS RECEIVED.

DISEASES OF CHILDREN: A Clinical Treatise Based on Lectures delivered at the Hospital for Sick Children, London. By Thomas Hillier, M.D., London, etc., etc. Philadelphia: Lindsay & Blakiston, 1868. Pp. 402. Chicago: W. B. Keen & Co. $3.00.

This book consists essentially in a series of short monographs on the diseases of children between two and twelve years of age. Surgical diseases are omitted. It is a very useful contribution to the literature of the subject. The American edition is afforded us in the usual elegant style of the Philadelphia house whose imprint it bears.

THE PHYSICIAN'S VISITING LIST FOR 1869: Eighteenth Year of its publication. Philadelphia: Lindsay & Blackiston. Sold by booksellers and druggists.

THE PHYSICIAN'S HAND-BOOK FOR 1869. By William Elmer, M.D. and Albert D. Elmer, M.D. New York: W. A. Townshend & Adams, Publishers, No. 434 Broome Street. 1869.

NEW MEDICAL JOURNAL. THE CALIFORNIA MEDICAL GAZETTE: A Monthly Journal of Medical and Surgical Science. Published at San Francisco, by A. Roman & Co.

A double column quarto comes to us in good typographical style, and with good paper. We regret that no editorial name appears, although its contents show it to have received good editorial supervision. $5.00 a year (gold) in advance. Single copies 50 cents. Roman friends, your type is too uniformly small. You will spoil your readers' eyes.

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Fifteen months have been spent by Dr. Aitken in thoroughly revising this *Great Work*, and adding to it many valuable additions and improvements, amounting to about 100 pages of new matter, included in which will be found the adoption and incorporation in the text of the "*new nomenclature of the Royal College of Physicians of London;*" to which are added the *Definitions* and the foreign equivalents for their English names.

The subjects of *Malignant Cholera*, of *Paralysis*, of *Epidemic Cerebro-Spinal Meningitis*, and of *Intestinal Obstruction* have been entirely re-written; and several other subjects in connection with the treatment of disease, of the greatest importance, are considered for the first time in this edition.

The first American edition of this work was out of print in little more than twelve months after publication. So rapid a sale may be accepted as an evidence of its appreciation by the profession of this country, and as a recognition of its claim to being a fair exposition of the Medical Science and Art of the day.

In the present edition the editor has carefully revised his contributions, and added much new material. His additions are equal to about three hundred pages of the London edition. They will be chiefly found under the heads of: *Lardaceous Degeneration*, *Vaccination*, *Measles*, *Erysipelas*, *Typhoid*, *Relapsing*, *Yellow and Malarial Fevers*, *Dysentery*, *Malignant Cholera*, *Malignant Pustule*, *Syphilis*, *Pathology of the Dietic Diseases*, *Scurvy*, *Parasitic Diseases*, *Rheumatism*, *Gout*, *Chronic Bright's Disease*, *Cancer*, *Tuberculosis*, *Diseases of the Nervous System*, *Diseases of the Heart and Lungs*, *the Sphygmograph Pyæmia*, *Diseases of the Digestive Organs*, *Diseases of the Kidneys*, and *Diseases of the Cutaneous System*.

They also including *twenty-two new articles* upon subjects not treated of, or only incidentally mentioned, by the Author, namely:

Camp Measles.
Spinal Symptoms in Typhoid Fever.
Typho-Malarial Fever.
Chronic Malarial Toxæmia.
Chronic Camp Dysentery.
Cholera Morbus.
Cholera Infantum.
Hereditary Syphilis.
Gonorrhœal Rheumatism.
Corpulence.
Physical Diagnosis of the Diseases of the Brain and Spinal Chord.
Delirium of Inanition.
Chronic Alcoholism.
Epileptiform Neuralgia.
Auscultation in Health and Disease.
Capillary Bronchitis.
Plastic Bronchitis.
Dilatation of the Bronchia.
Fibroid Degeneration of the Lung.
The Inoculation of Tubercle.
Chronic Pyæmia.
Syphilitic Disease of the Liver.

The subjects of Locomotor Ataxy, Glosso-Pharyngeal Paralysis, Aphasia, Dilatation of the Bronchia, the Sphygmograph and its tracings in disease, were introduced into this text-book by the Editor in the first American Edition (1866). They were first treated of by the Author in the Fifth English Edition (1868), and his articles on these disorders are chiefly condensed from those of the Editor, with the exception of the one on Dilatation of the Bronchia, which Dr. Aitkin has abridged from Dr. T. G. Stewart's excellent article in the Edinburgh Medical and Surgical Journal, December, 1867.

The issue of the first edition of this magnificent work was duly credited in the JOURNAL. At present we have only space to reiterate our warm commendation of the work as the leading one of its department. No physician who has the slightest claim to keeping pace with Medical Science, as it is understood in the present age, can afford to forego the possession of this (we were about to write *encyclopædia*) complete, reliable, common sense and practical treatise on the Practice of Medicine. Hereafter, when the pressure on our pages will permit, we shall take occasion to call attention to many particulars wherein Aitken's Practice excels all previously published books of reference on the subject.

EDITORIAL.

Medical College Fees—Free Medical Education.

A cheap advertising medium of a cheap school in Cincinnati, perpetrates the following, which we place in parallel columns for the edification of our readers. We shall not give the name of the medium, as it is sufficiently indicated in a recent number of the *Leavenworth Herald.* We did not before understand the concentrated scorn involved in the allusion by our Leavenworth *confrere*, to the "*Cincinnati College of Medicine and Surgery:*

THE MEDIUM, AUGUST, 1868.

We maintain, and we believe we will be sustained in our views by a right-thinking community, that the true method to elevate the profession is to do away as far as possible with pecuniary obstacles in entering the profession, and to place at a high standard the attainments necessary for graduation. Want of wealth, then, would not prevent the poor man, eminently qualified, for competing for the honors of the profession, while the high qualifications required for graduation would deter both rich and poor alike, unqualified, from seeking after them.

THE MEDIUM, OCTOBER, 1868.

FREE MEDICAL EDUCATION.—The editor of the *Chicago Medical Journal*, in its column of editorials, which are served up in such a novel and interesting manner, says that the *Medical Repertory* is in favor of free medical education—the instructors receiving no compensation. When we recollect that he belongs to Chicago, we are not surprised at the statement. People up there have a loose way of stating and doing things, and the editor undoubtedly believes in free lying if he doesn't in free medical education.

When in connection with this it is known that the "college" this medium represents, puts its professors' tickets at *twenty dollars* "for the lot," we do not wonder at our belief in the "free lying" of the editor of the *Medium*, who, we believe, is a "Professor" in that delectable concern. "High qualifications" (at least of a moral sort) will certainly prove no hindrance to graduation at the "Cincinnati College of Medicine and Surgery." We turn this creature over to Brothers Logan and Sinks.

Responsibility.

It would seem unnecessary to state that the editor of this, or any other periodical, does not, from his position, hold himself responsible for the views or statements of correspondents. The editor's business is to make his paper a medium of communication between the different members of the profession, and thus stimulate healthful investigation and disseminate the most advanced ideas. *Good faith* is what is demanded of all parties. The present editor proposes always to permit large latitude of opinion and expression to correspondents, only claiming that the usual courtesies of gentlemanly intercourse be preserved. Thus, if any one of our readers disagrees with either correspondents or editors, all he has to do is to put down his reasons therefor in respectable English, transmit it to the JOURNAL, and if it is not too long, and is to the point, we will immortalize the opinion in our pages.